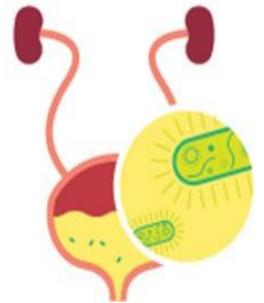


To Dip or Not to Dip?

'To Dip or Not to Dip' is an evidenced-based pathway which aims to improve the diagnosis and management of Urinary Tract Infections (UTI's) in older people living in care homes. This pathway has been shown to reduce antibiotic use and hospital admissions for UTI. This leaflet explains the more about UTI's and the 'To Dip or Not to Dip' care pathway.

Bacteria in the Urine in Older People

The presence of bacteria the urine in older people does not necessarily mean there is an infection that requires antibiotics. Bacteria can live harmlessly in the urine of older people. In fact, around 50% of older people have bacteria in the urine without causing any symptoms. In those with a long term urinary catheters this rises to 100%.



What is the problem with urine dipsticks?



Urine dipsticks are often used in the diagnosis of UTI in older people living in care homes. A positive results for 'nitrites' or 'leukocytes' may be a normal finding because of the high proportion of older people who have bacteria in the urine. Often, if a resident has a positive dipstick result and nonspecific symptoms, such as a fall or is drowsy they are inappropriately diagnosed with a UTI. The real diagnosis may be missed and antibiotics prescribed inappropriately.

Antibiotics: More harm than good?

Antibiotics are powerful drugs. Bacteria can develop resistance to antibiotics, meaning they will not work when really needed, and resistant bacteria can spread rapidly in the care home setting. Side effects, such as rashes and upset stomach are common in older people taking antibiotics. A life threatening infection *C. difficile* (*C.diff*) diarrhoea can be caused by the overuse of antibiotics. Everyone has a responsibility to protect antibiotics and they should only be used when there is strong evidence of bacterial infection.



To Dip or Not to Dip Pathway



In the pathway urine dipsticks are NOT used. Instead care home staff use a UTI Assessment Tool which focuses on the residents signs and symptoms and directs what action to take. The Tool was developed with specialist healthcare professionals and care home staff and based on best practice guidance. Obtaining a urine sample may be required in some residents with suspected UTI is to ensure the safest and most effect antibiotic is prescribed.

'To Dip or Not to Dip' is an original quality improvement project by Elizabeth Beech and Mandy Slatter (NHS Bath and North East Somerset CCG and is based on Scottish Antimicrobial Prescribing Group Decision Aid for Suspected UTI in older People 2016.

Adapted from NHS Nottingham CCG To Dip or Not to Dip' project